



THE RUDDER

Sailings of the Medical Service Corps



From the MSC Director



Greetings Medical Service Corps Officers! It was great to see so many of you at our recent MSC VTC. It provided us a wonderful opportunity to come together as a Corps and discuss a

variety of issues. I appreciate all of the presenter's time and encourage everyone to participate as much as possible. As we mentioned during the VTC, everyone is encouraged to take time after we sign off to discuss the information provided, conduct professional mentoring and socialize with one another. This is part of our great Heritage.

I would like to pose a question to each of you: "Why did you join the Navy?" Take a moment to reflect on the question. Each of you has a reason. And that reason can range from a desire to serve, to opportunities - to travel, for education and for experience. I would argue that many of you joined for a similar reason as myself: to gain leadership and management experience. I stayed in the Navy because of the people I had the privilege to work with and for the population we have the honor to serve. I would like to share a few of the things I have learned or in some cases - am still learning - about leadership.

I believe that leadership in its purest form is influence.

Each of you influences those around you every day regardless of the job you fill - strive to be the leader others want to emulate.

Leadership is a journey and not a destination. We are not instant leaders but rather grow into successful leaders through coaching, mentoring and learning.

Most of us don't get it right the first time and have a long list of missteps on our journey. It is our mistakes and missteps that shape us as a leader.

"Leaders become better leaders when they experience a defining moment and respond to it correctly."

- John C. Maxwell

Leadership takes hard work. It requires an investment in others as well as time and energy from you. One of the Surgeon General's guiding principles is for us to be worthy of the privilege of leadership. Leading is a privilege and one that should not be taken lightly. We are all leaders and need to not lose sight of this trust placed in us.

It is an honor and privilege to serve alongside you each and every day. As you continue your journey, I encourage you to pursue being the best version of yourself that will ultimately lead to the best version of our Corps. All the best, MSCs and keep up the great work!

RDML (Sel) Anne Swap

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From the Corps Chief's Office

11th MSC Director 1993-1995 - RADM Todd Fisher



Rear Admiral Todd Fisher was born in Little Falls, New York. He entered Naval Service as an Ensign in the Medical Service Corps in July 1965 following graduation from Cornell University where he received formal training in Hospital Administration.

Rear Admiral Fisher's first duty assignment was as Military Personnel Officer at the Naval Medical Center, Bethesda, Maryland. In 1968, he was assigned to duty onboard USS REPOSE (AH 16) in the Republic of Vietnam as Operating Services Officer and Fiscal and Supply Officer. Upon completion of that tour, he reported to Naval Hospital, Newport, Rhode Island where he once again served as Personnel Officer. In 1972, Rear Admiral Fisher joined the faculty of the Naval School of Health Care Administration where he taught numerous courses in the Baccalaureate and other management programs. During his tenure, the name of the school was changed to include those of Director of Management Education and Executive Officer.

In 1982, he was assigned to the staff of the Chief of Naval Operations as the Enlisted Community Manager for the Hospital Corpsmen and Dental Technician ratings. Following that tour, he served as the Medical Administration Officer and Naval Personnel Officer at Headquarters, Fleet Marine Force, Pacific. In 1987, he became the Commanding Officer of the Naval Medical Clinic, Washington, DC. Following this tour, he was selected to be the Deputy Assistant Chief for personnel Management at the Bureau of Medicine and Surgery. When selected for Admiral in January of 1992, he became the Medical Inspector General and served in that capacity until he became the Director of the Medical Service Corps and assistant Chief for Health Care Operations on 30 April 1993.

Rear Admiral Fisher holds a Bachelor of Arts in Economics and Biology from Washington and Jefferson College in 1963; a Masters in Business Administration from Cornell University in 1965; and a Master of Arts in Higher Education from the Catholic University of America in 1985.

Integrity Excellence Heritage

Excellence. Continually commit to excellence and strive to exceed the expectations of those we serve, becoming the best version of yourself possible.

- Radiation Health: Monitored personnel to ensure no federal or DoN ionizing radiation exposure limits were exceeded. The annual report of personnel exposure was the lowest in the history of our program. Stats: 53,040 personnel monitored, total dose 9% lower than last year.
- LT Adam Sharrits, Navy Medicine IT Officer of the Year, assigned as the single DHA HIT point of contact to coordinate support for Army, Navy, and Air Force sites undergoing infrastructure migration.
- Congratulations to the following Industrial Hygiene Officers for their contributions leading their Commands winning the CNO Safety Award for the competitive cycle 1 Jan 2015 to 31 Dec 2015.
 - LT Phong Trac, USS GEORGE WASHINGTON (CVN 73)
 - LT Mason Baziw, USS GEORGE H W BUSH (CVN 77)

From the Corps Chief's Office



CAPT Kim Zuzelski

Millington, TN - 1 Apr 2016, CAPT Kim Zuzelski, Dietician and Sr. MSC and CCS Detailer receives her end of tour award from CAPT George Schoeler, PERS-4415 Branch Head. CAPT Zuzelski's next assignment is as XO of Naval Hospital Bremerton.



LCDR Lakesha Chieves

Millington, TN - 1 Apr 2016, LCDR Lakesha Chieves, HCA and Jr. HCA Detailer receives her end of tour award from CAPT George Schoeler, PERS-4415 Branch Head. LCDR Chieves is transferring to Walter Reed-Bethesda National Military Medical Center.

Bravo Zulu on a job well done!

Thank you to CAPT Kim Zuzelski and LCDR Lakesha Chieves for their time and hard work as Medical Service Corps detailers. They will now enter the phase known as the "recovering detailer"...you will never be cured, but will now have skills and experiences that will serve them and the Navy well over the rest of careers. Best of luck at your next Command and thank you for a job well done.



From the Corps Chief's Office

Global Health Engagement

The Navy Medicine Office of Global Health Engagement (GHEO) is now on Facebook and milSuite! We invite you to join the discussion and share this invitation with your colleagues.

GHEO Facebook group:

To request to join the group, go to: "[US Navy Global Health Engagement](https://www.facebook.com/groups/541524266010613)" or (<https://www.facebook.com/groups/541524266010613>). Click on the "Join Group" button in the upper right-hand corner, and follow any additional prompts. We will approve your request, and you'll be a part of the group. To access the GHEO milSuite page, go to: "[US Navy Global Health Engagement](https://www.milsuite.mil/book/groups/navy-global-health-engagement/overview)" or (<https://www.milsuite.mil/book/groups/navy-global-health-engagement/overview>).

Officer of the Year Announcements - BRAVO ZULU

Patient Administration Officer of the Year

Junior - LT Brian Johnson

MAO/MRCO - LT Brittany Hayden

Senior - LCDR Marc Haines

Audiologist of the Year - LT Kyle Shephard

Aerospace Experimental Psychologist of the Year - LCDR Dan Immeker

BUMED Conference Policy

–All requests for attendance at a non-DOD conference must be submitted **NO LATER THAN 90 DAYS PRIOR TO THE CONFERENCE START DATE FOR REQUESTS UNDER \$90K AND 180 DAYS FOR REQUESTS OVER \$90K**. Additionally, all requests to hold a DON/DOD conference must be submitted 120 days prior to the proposed conference start date for requests under \$500K and 180 days for requests over \$500K.

–For all conference request submissions, the BUMED Conference Approval Team will respond within 72 hours. If you do not receive a confirmation of receipt within that timeframe, please contact LT Michael Baun, Corps Chief Administrative Fellow at: michael.b.baun.mil@mail.mil. For more information on BUMED's conference policy, go to the [BUMED home page](#) and click on the "Conference Information" tab.

Navy Medicine Personnel Survey

The NMP survey is now available. Please copy and paste the following link in to your browser to access the survey: <https://esportal.med.navy.mil/bumed/NMP%20Survey/> and select your email certificate. Email NMP-survey@cna.org for any assistance.

Recent Messages of Interest

- [IMPLEMENTATION OF PHYSICAL READINESS PROGRAM POLICY CHANGES UPDATE #2](#)

Medical Service Corps Facebook Closed Group

If you would like to join, please go to <https://www.facebook.com/groups/usnavymsc>

Newsletter Submissions

Pictures, stories, and any other input can be submitted by forwarding to:

usn.ncr.bumedfchva.list.msc-corps-chiefs-office@mail.mil.

For pictures, please include location, rank, first and last name, subspecialty, and a short caption.

When making submissions, please ensure photos have been approved by your local Public Affairs Officer prior to submission.

Newsletter Editor

LCDR V. Deguzman

Newsletter Staff

LT M. Baun

LT L. Brown



From the Corps Chief's Office

Policy and Practice Update

The primary objective of the Credentialing and Privileging process is to protect you as the provider, our patients, and our organization.

What is Credentialing? The process by which Medical Services Professionals gather, validate and assess the professional qualifications of a health care provider (i.e. education, training, clinical practice experience, license, etc.) A variety of resources are used to verify the information which involves direct communication from the educational and training institutions, past and current hospital affiliations and employers, peer references, certification boards, licensing agencies and other sources. Credentialing is also used to mitigate our patients' exposure to inappropriate and/or illegal situations.

What is Privileging? The act of authorizing a healthcare provider to engage in specified clinical activities. It is the granting of approval for an individual to perform a specific procedure or specific set of privileges based on documented competence and the healthcare provider's professional qualifications in the specialty in which privileges are requested. Privileges are required in order to treat patients.

There are two kinds of privileges utilized by Navy Medicine: "**Core**" and "**Non-Core**."

Core privileges represent a set list of predetermined procedures, health conditions, therapies, treatment modalities, and injury types that you would likely have gained an understanding of and proficiency in your education and training programs.

Non-Core privileges encompass areas that healthcare providers may be trained in and qualified to perform; however, these privileges typically include procedures, treatments, and therapies which are more complex, requiring additional training above and beyond what most training programs provide, or in higher risk areas of clinical practice.

The credentialing criteria for non-core privileges are facility-specific, meaning each facility establishes the credentialing criteria for each privilege. For example, in order to be qualified for Privilege X, the provider must have one of the following qualifications: A) Completed a fellowship program for X within the past two years, or B) Completed an accredited training program for Privilege X, or C) Competently performed 10 of Privilege X within the past 2-year timeframe, or D) Successful completion of 20 Privilege X procedures in simulation training under supervision.

Both core and non-core privileges are offered to providers based on the specific facility's ability to support the privilege. Some commands may not have the required equipment, current medical and support staff to provide the care, or have the necessary supplies to support certain privileges. Therefore, not all privileges are available and able to be granted at all Navy medical commands.

Credentialing and privileging are processes that are used by hospitals and health care organizations to ensure that their customers and the public are treated only by qualified healthcare professionals who have been educated, trained, certified and/or licensed to perform certain medical and health care activities. These two processes also provide a measure of confidence by the facility that the health care professionals are able to provide a high quality care and avoid potential malpractice.

Why do I need to be credentialed and privileged? In accordance with BUMEDINST 6010.30 and Joint Commission hospital accreditation standards, all Licensed Independent Practitioners (LIPs) who wish to treat patients must have clinical privileges. To be eligible for a medical staff appointment with clinical privileges,

From the Corps Chief's Office

Policy and Practice Update continued

providers must possess a current, valid, unrestricted license, and/or certification as required by the clinical specialty, and meet all minimum education and training requirements in accordance with BUMEDINST 6010.30.

Who has oversight of the Navy Credentialing and Privileging Program? The Centralized Credentialing and Privileging Directorate (CCPD), BUMED DET JAX provides direct oversight of the Navy's Credentialing and Privileging Program. This provision of direct oversight applies to all military (active duty and reserve) and civilian health care practitioners and clinical support staff (as defined in this instruction), who are assigned, employed, contracted, in a Navy-sponsored training program, or under partnership agreement with any DON designated privileging authority. Other duties include:

- CCPD develops Navy credentialing and privileging policies, which are then approved into policy by the Navy Surgeon General at BUMED.
- Provides policy guidance and technical assistance regarding credentialing and privileging matters throughout Navy Medicine.
- Maintains credential records for practitioners transferring to non-clinical billets or administrative duties.
Coordinates all proposed updates to the Navy Medicine privilege lists with Navy Medicine Specialty Leaders (SL).

How do CCPD and Specialty Leaders (SLs) Partner on Credentialing and Privileging Initiatives?

Navy Policy. SLs work with the CCPD Medical Staff Services Manager, Becky Boyrie, to provide input required to establish and update clinical specialty-specific credentialing requirements in the Credentialing and Privileging Program Instruction, BUMEDINST 6010.30.

Joint Credentialing/Privileging Initiatives. Additionally, SL expertise is required to develop and/or revise the Tri-Service Master Privilege List (MPL) items for clinical specialties (i.e., PT, OT, Family Medicine, General Dentistry, CRNA, etc.). This process requires coordination with the Army, Air Force, or other non-Navy SL counterparts to ensure consistency and accuracy within the tri-service MPL.

Recruiting Efforts. During the recruiting process for Active Duty and Reserve Practitioners, in partnership with Navy Recruiting Command, CCPD engages with clinical SLs from all Corps to discuss clinical competency and other issues which might impact an applicant's ability to provide quality patient care as a future Navy healthcare provider.

Provider-specific Issues. CCPD and SLs also work together to help medical staff leadership at Navy medical commands manage and/or resolve complex provider behavioral or performance issues.

Who can I contact for more information?

- Each command has a local Medical Staff Services Office (aka Credentialing Office)
- The Specialty Leader of your clinical Community
- MSC Policy & Practice Officer: CDR Karla Lepore, karla.m.lepore.mil@mail.mil, 703-681-8896
- Centralized Credentials and Privileging Directorate (CCPD) Bureau of Medicine & Surgery Detachment, Jacksonville. POC: Becky Boyrie, CPMSM Becky.J.Boyrie.civ@mail.mil, (904) 542-9605 ext. 5142

milSuite Tip of the Month: A Few Uses for the HTML Widget Part 1

The HTML Widget is a great tool to add that custom touch to your overview page. In this article we will show you how to create a custom block for your leadership. This is for people who have administrative access to a group page. The example below refers to a specialty page. If you have any questions about a page you currently manage, or if you are interested in creating a new page, please contact LCDR Schnauer at nicholas.schnauer@usmc.mil.

(1) Select Manage > Overview Page to pull up the Layout/Widget Menu. (This will only be available on pages that you have Admin Access.)

(2) Drag the HTML widget to the desired location on your page.

(3) Change the title to "Specialty Leader"

(4) Upload the SL Picture here. Be sure to 'copy to clipboard' and paste the address at 'A' on the code

(5) Edit the yellow portions to the code below and paste the whole thing in this block.

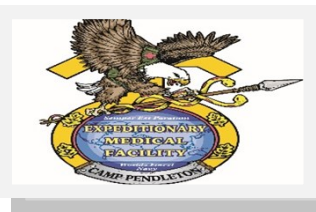
(6) 'Save Properties' and then 'Publish Layout'

(7) Finished

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href="https://www.milsuite.mil/book/people/imaleader">CAPT Ima Leader, MSC,
USMC</a></strong></center>
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61, 61); font-family:
'Helvetica', 'sans-serif';
font-size: 10pt; mso-ansi-language: EN;">Generic
Specialty Leader</span>
Naval Hospital Las Vegas<br />
1234 Main Street<br />
Las Vegas, NV 12345<br />
(555) 555-1234<br />
DSN: 882-1234<br />
<a
href="mailto:ima.leader@navy.mil">ima.leader@navy.mil</a></span></center>
</td>
</tr>
</tbody>
</table></center>
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A

Reserve Update



Navy Reserve Expeditionary Medical Facility Camp Pendleton (EMF CP) officially transitioned from Operational Health Support Unit Camp Pendleton to a Commissioned Unit on 31 Oct 2014. EMF CP is comprised of 120 officers and 160 enlisted representing 8 detachments in California, 2 in Nevada and a virtual detachment with 280 Cross Assigned members.

In March 2015, the Unit Commissioning Ceremony commenced at the Annual Leadership Symposium, Camp Pendleton, California. In attendance were 55 detachment leaders and distinguished visitors RDML Brian Pecha, Deputy Chief, Navy Reserve Medical Corps and CAPT Donald Sze, Chief of Staff, Navy Reserve Expeditionary Medicine. Commanding Officer, CAPT Elaine Walker, NC was presented with the EMF CP Command Logo (see above) designed by HM3 Joseph Mason of EMF CP Detachment F, Los Angeles, CA.

This month we begin the spotlight on the Reserve Component (RC) Operational Health Support Units (OHSU) and Expeditionary Medical Facilities (EMF). The first in this series is EMF Camp Pendleton.

In June 2015, the first EMF CP core mission training transpired at the Naval Expeditionary Medical Training Institute (NEMTI), Camp Pendleton, California. Seventy-five reserve members representing 3 Operational Health Support Units and 3 Expeditionary Medical Facilities completed the 12 day field training and were presented with official EMF CP Plank Owner certificates. Distinguished visitor RDML Victor Hall, Deputy Commander for Navy Medicine West attended and presided over the promotion ceremony of Executive Officer, Mark Moritz, MSC to the rank of Captain.

In January 2016, Commanding Officer CAPT Elaine Walker, NC was presented with the official EMF CP Gideon at the Annual Leadership Symposium at NOSC Reno, Nevada. In attendance were 55 EMF CP detachment leaders and distinguished visitors RDML Priscilla Coe, Deputy Chief, Navy Reserve Dental Corps and CAPT Jeffery Weyeneth, Chief of Staff, Navy Reserve Expeditionary Medicine.

In June 2016, EMF CP will collaborate with EMF Dallas in their inaugural Global Medic Exercise at Fort Hunter Liggett, California manning a 44 bed hospital in support of the United States Army Fort Hunter Liggett Exercise. In September 2016, EMF CP will support its first Innovative Readiness Training (IRT), East Bay Stand Down in San Jose, California.

Medical Service Corps officers in EMF CP Headquarters positions: CAPT Mark Moritz, Executive Officer; CAPT Ken McAndrews, Director for Administration; CDR Michael Basso, Command Detachment Director; CAPT Jeff Garcia, Command Managed Equal Opportunity Officer; CDR Sharlene Gee, Command Training Officer; LCDR Shawn McGurran, Command Operations Officer; LCDR Dean Garcia, Deputy Director for Administration.



Top picture: CDR Mark Moritz, XO EMF CP, promotes to Captain during the June 2015 drill weekend. Also in picture are CAPT Elaine Walker, NC, CO EMF CP, and RDML Victor Hall, Deputy Commander of Navy Medicine West. Picture on right: RDML Victor Hall, Deputy Commander of Navy Medicine West and Reserve Director of the MSC speaks with members of EMF Camp Pendleton during a recent drill weekend.

From the Detailers

Specialty Leader vs Detailer: What's the Difference?

WHO THEY WORK FOR

Specialty leaders report to the Chief, BUMED via the Corps Chief. They serve as the Surgeon General's subject matter expert (SME) and advocate for specialty-specific issues/concerns. Detailers work for Navy Personnel Command (NPC or PERS), which is a line command. While the specialty leaders and detailers work collaboratively, the perspective on various issues can differ due to policy. For instance, if the community is undermanned, the specialty leader may look at the workload in an overseas location and recommend that one of the two billets be gapped in order to support another command with a higher workload. PERS policy dictates priority of billets, and the detailer does not have the option to gap an overseas or operational billet in favor of a shore billet unless the overseas/operational command accepts that gap. Conversely, the specialty leader may not endorse an officer to leave the community due to manning levels, but the detailer may need to allow it for an officer selected by an Admiral to fill a specific billet (known as a By Name Request). Whereas the specialty leader's recommendations are based on benefit to the specialty and Navy Medicine, detailers are required to comply with PERS policy where funding is a primary consideration. Variance of policy will trigger several levels of approval to ensure mission requirements justify the detailer's efforts to supersede the applicable policy. This applies to tour lengths, priority assignments, time on station requirements, exceptional family member program, etc. So while specialty leaders and detailers work very closely together, they do have separate swim lanes and officers should be communicating with both.

*"WHERE YOU STAND DEPENDS
ON WHERE YOU SIT"*

-Nelson Mandela

WHAT THEY DO

Specialty leaders serve as a liaison between you, BUMED, and your specialty as a whole. They make recommendations for individual augmentee deployments, cross-leveling TAD support, and other duties as outlined in BUMEDINST 5420.12E. Specialty leaders are well versed in the populations served in various locations, the demands of the billets and the capabilities of the officers in their communities. They are resources for information on expected career paths for their specialty. As such, they serve as an advisor to the officers in their communities and the detailer when it comes to career management and assignments. The detailer's role is to be the officer's advocate. They advise for career advancement and service record management, provide record reviews in preparation for promotion boards, and negotiate orders for your next assignment. Detailers have visibility on an officer's record, EFM status, PRIMS information, and can add additional qualification designators (AQDs). Specialty leaders do not have access to any official records unless the officer provides it to them. Detailers will often speak with both the officer and specialty leader to balance officer desire/needs with the needs of the Navy, and are the final approval authority for extension requests and PCS orders.

Continued to next page...

Do you have photos, articles, and BZs to share?

Submit them through your chain of command to: [MSC Corps Chief's Office](#)

From the Detailers

Continued from previous page...

WHAT THEY DON'T DO

Specialty leaders do not write orders and do not make the ultimate determination on assignment location or timelines. As such, they cannot make promises to officers on future assignments. The detailer makes the final decision based on input from the officer and specialty leader.

Detailers cannot influence placement of an officer to a command leadership position, unless specifically slated into a milestone billet (Director for Administration, Executive Officer, etc.). For example, an officer may have orders into a billet where the incumbent is a department head or director. The command will have its own internal process to select the next department head or director that may or may not be the incoming officer.

Detailers typically do not speak with the commands regarding manning issues or billet moves, as their primary loyalties are to the individual officers (with needs of the Navy at the forefront). Specialty leaders will often talk to commands and make recommendations to the detailer accordingly, but the command's point of contact at PERS is the placement officer. Placement officers represent the command's interests and mitigate any issues/concerns between the detailer and the command. They ensure officers with orders to leave a command have a backfill identified, and that the backfill meet the requirements of the billets they are entering.

WHY IS THIS IMPORTANT?

Officers must actively manage their records and careers, and they are not always aware of knowledge gaps pertaining to both that the detailer and specialty leader can fill. Officers should communicate with senior mentors, the detailers, and specialty leaders throughout their careers. At a minimum, officers should contact the detailer 12-18 months ahead of projected rotation dates (PRD) to discuss short and long-term goals, intent to transfer, separate or retire; or request an extension. Pertinent issues such as colocation, family situation, and medical situation, if applicable should also be shared if it will affect assignment determination.

MSC Detailers

CDR Jody Dreyer (Senior MSC Detailer/HCC/Med Techs)
Jody.dreyer@navy.mil
(901) 874-3756

CDR Robert Anderson (HCA)
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LCDR Kathryn Barbara (HCS)
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(901) 874-4115



Specialty Spotlight

Navy Optometry, one of the four Medical Service Corps plank owner specialties, continues today as vital service that ensures warfighter vision and mission readiness. Our Doctors of Optometry (O.D.s) are state licensed, independent, primary health care professionals who examine, diagnose, treat, and manage diseases, injuries, and disorders of the visual system, the eye, and associated structures as well as identify related systemic conditions affecting the eye. In addition to providing spectacle and contact lens exams, we prescribe and provide medications, low vision rehabilitation, and pre-/post-operative refractive surgery care that support our patients' personal and occupational vision needs.

Navy Optometrists are assigned to MTFs world-wide and provide primary vision care to all eligible beneficiaries. In some regions, high demand for these services may require doctors to see active duty patients only, but at many facilities, family members and retirees are often seen as well. Optometric services are a critical, early component to many warfare specialties and training programs, in-

cluding Recruit and Midshipman in-processing, flight



Optometrists deployed aboard USNS COMFORT (T-AH 20) for Continuing Promise 2015. Pictured from left to right LT Serena Leung, LCDR William Hill, and LT Kevin Hoang.

training, and pre-deployment screenings.

Optometrists ensure that candidates applying for warfare qualifications meet vision standard requirements and are prepared to execute their missions in a variety of demanding operational environments.

Outside of these typical clinic assignments, Optometrists have many other opportunities to contribute to the Navy's missions. Qualified doctors may be selected

for the Aerospace Optometry (AsO) Program, completing aeronautical and aeromedical training at Naval Aerospace Medical Institute. Once "winged," AsO officers provide expert vision care in support of Navy and Marine Corps aviation and operational forces. Other doctors may be competitively selected for DUINS, including primary care and



ocular pathology residency training, or for a PhD in Vision Science. Navy Optometry PhDs enter a special career pipeline that includes AsO training, assignment to NAMRU-Dayton for aeromedical vision research, and appointment as the Research Director for the Navy's Refractive Surgery Program in San Diego.

Optometrists are force multipliers for Navy Medicine's Humanitarian Assistance missions,

Optometry

Subspecialty Code = 1880

Billets = 104

End Strength = 108

Reserve Billets = 8

Reserve End Strength = 7



Specialty Spotlight

providing nearly a quarter of all patient encounters during the Continuing Promise and Pacific Partnership deployments. When required, we also support MEDCAPs and provide Innovative Readiness Training assistance in partnership with the Reserves for medically underserved communities. Beyond clinical care, Navy Optometrists provide expertise in a variety of specialized assignments, working closely with Army and Air Force partners in support of the Tri-Service Vision Conservation and

Readiness Program, DoD Vision Center of Excellence, and DHA Medical Logistics.

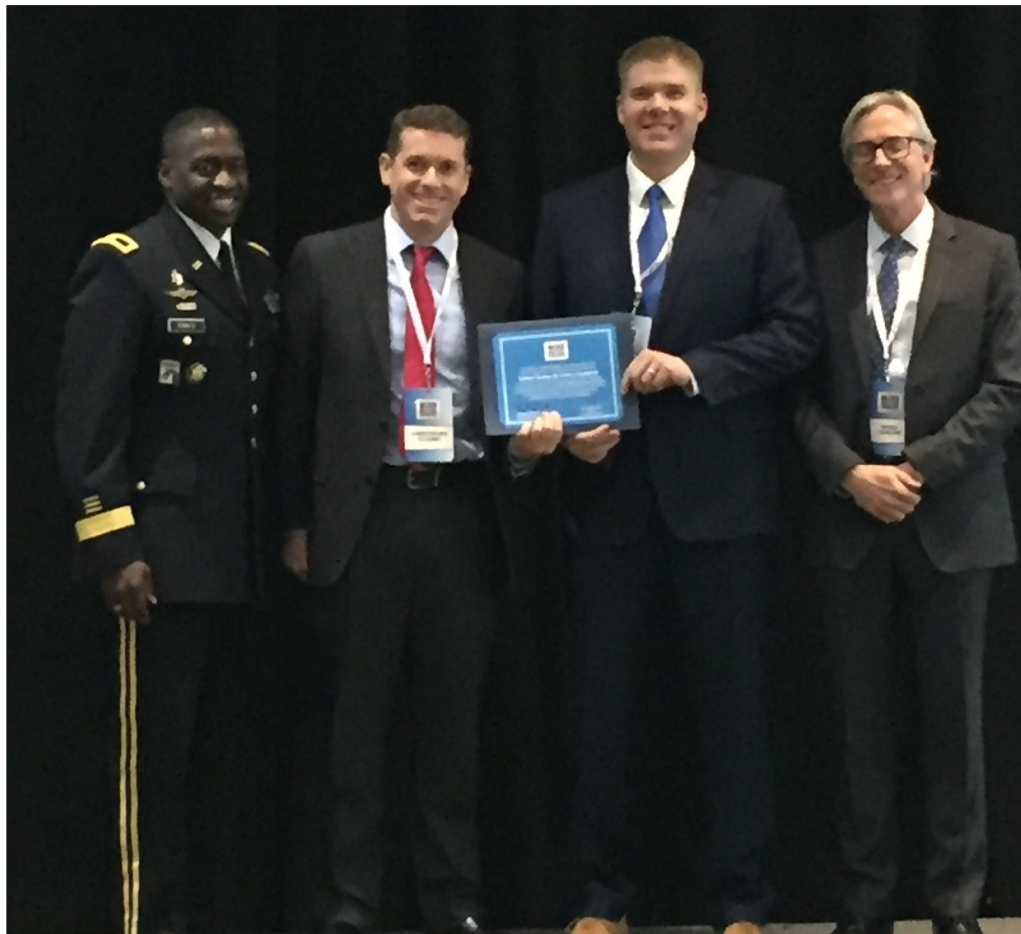
Optometrists fill several key Executive Medicine roles and BUMED assignments. They also serve as the XO and CO of Naval Ophthalmic Support and Training Activity (NOSTRA), DoD's largest and leading optical fabrication lab for military eyewear and the sole training program for military opticians. From NOSTRA, they execute MHS Optical Fabrication Enterprise Program objectives and

lead numerous tri-service initiatives that enhance optical fabrication policy and practices, including continual improvement of Military Combat Eye Protection optical inserts, RDT&E support for new ophthalmic optical devices, and management of the Frames of Choice Program.

As proud members of our Medical Service Corps team, Navy Optometrists provide world-class care to our Sailors and Marines because "Vision Ready is Mission Ready!"



MSCs in Focus



Air Force Academy, CO - U.S. Air Force Academy Faculty receives \$400,000 Concussion Research Grant. Pictured (L-R) : BG R. Scott Dingle, U.S. Army Medical Command; Dr. Christopher D'Lauro, U.S. Air Force Academy; LCDR Brian Johnson, Aerospace Experimental Psychologist assigned to U.S. Air Force Academy; Dr. Hainline, NCAA Chief Medical Officer. Dr. Chris D'Lauro, LCDR Brian Johnson (AEP #135), and Dr. Craig Foster from the Department of Behavioral Sciences and Leadership at the U.S. Air Force Academy were announced as NCAA-DoD Mind Matters Research Challenge final winners. The purpose of their research is to understand the culture regarding self-report of concussion. They are joined by an interdisciplinary group from the Athletic Department and 10th MDG that is collaboratively working to improve our understanding of concussions.



Fort Eustis, VA - US Army North, LTG Perry Wiggins, visits the Joint Task Force-Civil Support (JTF-CS) staff. JTF-CS anticipates, plans, and prepares for Chemical, Biological, Radiological, and Nuclear Defense Support of Civil Authority (CBRN-DSCA) response operations. Pictured (L-R): Major General William F. Roy, Army, Commander, JTF-CS; Les Bolton, Medical Operations; LtCol Leighann Erdman, Air Force Medical Planner; CDR Kevin Bailey, Navy Medical Planner; LT Vivienne Galasso Alexander, Navy Medical Planner; SSG Bilal Shariff, Medical NCO; Lieutenant General Perry Wiggins, Army, Commander, US Army North; Paul Marcinko, Deputy Commander, Joint Medical Operations Center, and HM2 Evan Brockway, Medical NCO.

MSCs in Focus



Newport, RI - ODS students of class 16030 participate in the MSC Track Day. Front Row (L-R): LTJG Laura Logeman, Physician Assistant; LTJG Jennifer Tsai, Physician Assistant; LTJG Nancy Luna, Healthcare Administrator; LTJG Emily Walters, Healthcare Administrator; LTJG Charlene Pizzimenti, Physician Assistant; LT Hannah O'Neill, Physical Therapist; LTJG Angela Giniel, Healthcare Administrator; LTJG Stephen Amoah, Healthcare Administrator. Back Row (L-R): LTJG Michael McClain, Social Worker; LTJG Emil Cuadrado, Healthcare Administrator; LT Kurt Meyer Jr., Physical Therapist; LT Tony Richards, Physical Therapist; LTJG Damico Hill, Physician Assistant; CDR Karla Lepore, LTJG Eileen Maher, Dietician.



Newport, RI - ODS students participate in the MSC Track Day. Pictured (L-R): LT James Brennan, Entomologist, LT Andrew Miranda, Aerospace Experimental Psychologist; LTJG Jason Spruill, Occupational Therapist; LTJG Qianing Zhang, Healthcare Administrator; LTJG Erin Williams, Occupational Therapist; LT Megan Balkenbush, Occupational Therapist; LTJG Bryan El-dredge, Healthcare Administrator; LTJG Jesse Smith, Healthcare Administrator; LT Emily Stefanov, Microbiologist; LT Juan Rodriguez-Barrantes, Medical Technologist; Not Pictured: ENS Marques Wilks, Radiation Health Officer.

Research Psychologist Commended by Deputy Surgeon General

LT Tara Smallidge, a research psychologist, is the Sexual Assault Prevention and Response (SAPR) POC for Naval Service Training Command (NSTC) in Great Lakes, IL, supporting 98 percent of the Sailors and officers who enter the Navy at Recruit Training Command, Officer Development School and Naval Reserve Officer Training Command including approximately 7600 Midshipmen and Military Staff. LT Smallidge is building a culture of SAPR awareness within NSTC's domain, focusing on policy, education and training of new accessions. She led the design of a new NSTC SAPR website as a way to provide information to geographically isolated commands. LT Smallidge is also the Staff Research Psychologist of the Strategy and Analysis Department, utilizing her human behavior research training to better understand and optimize human performance in the recruit environment.



As an Industrial and Organizational Psychologist, LT Smallidge translates her passion for understanding Emotional Intelligence (EI) into Navy leadership training. She has been a visiting lecturer at the U.S. Naval War College over the past several years supporting the Navy Leader Development Strategy, teaching more than a dozen three-hour seminar sessions on EI for leaders. As the Navy's uniformed EI expert, she has utilized different assessments tools and provided development to more than 230 students from the Navy, Army, Air Force, Marine Corps, Coast Guard, National Guard, State Department, and Intelligence community. EI assessment plays a key role in supporting Rear Admiral (select) Anne Swap's emphasis on self-awareness, so that all MSC Officers can be the "best versions of themselves." LT Smallidge was recently commended by the Deputy Surgeon General (DSG), Rear Admiral Moulton, for her skills at being an outstanding instructor and her tremendous effectiveness in one-on-one developmental coaching of senior leaders.

LT Smallidge's personal interests include physical fitness activities. She qualified for and competed in several marathons including the 2015 Boston Marathon, 2015 Chicago Marathon and is currently training for the 2016 New York City Marathon in November.

Executive MBA Opportunity

By CDR Scott Greenstein, Commanding Officer, Naval Safety and Environmental Training Center

The Naval Postgraduate School (NPS) offers an excellent opportunity for officers to earn an Executive Master of Business Administration (EMBA). NPS defines the EMBA program as a "defense-focused general management program". As a recent graduate of the program, I can attest that it is an invaluable experience that has helped me both personally and professionally.

The program is free for active duty except for books that students must purchase. NPS starts new cohorts twice each year and calls for applications via naval message. At the start of each cohort's program, students attend two weeks of resident courses at the NPS campus in Monterey, CA. This travel is funded by each student's command. For the next two years students attend class one full day each week at classrooms within their geographic locations. In my cohort there were classrooms in Norfolk, Washington D.C., Pensacola, and Millington. My class in Norfolk met in the NPS satellite building at Naval Support Activity Hampton Roads. Classes are presented live via interactive video teleconference.

Wondering if a defense-focused EMBA program would be the right fit for an MSC officer. Absolutely! The courses in financial management, supply chain management, resource allocation, strategic management, project management, and defense budgeting and acquisition all directly apply to our careers. I routinely draw on the knowledge gained from the program when making decisions about services I provide, managing my budget, and continuously improving organizational processes.

I've only skimmed the process, requirements, and benefits of the program. If you would like more information please visit the NPS EMBA website at <http://www.nps.edu/Academics/Schools/GSBPP/Academics/EMBA.html>. I am also happy to answer questions about my experience in the program and can be reached at scott.greenstein@navy.mil. Good luck!

Optometrists and Technicians Deploy with USNS COMFORT in Support of Continuing Promise 2015

By LCDR William Hill

From April to September 2015, USNS COMFORT (T-AH 20) deployed in support of operation Continuing Promise 2015 (CP-15), visited 11 countries and provided humanitarian care to over 122,000 patients throughout the Caribbean and Latin America. Spending 10 to 11 days in each country, the mission supported US Southern Command's theater security cooperation and global health engagement in the region.

The optometry team on CP-15 consisted of three optometrists, three opticians, and several general duty corpsmen. Additional support was provided by the Director of Medical Operations and Plans aboard USNS COMFORT (also an optometrist), and a volunteer optometrist, optometry technician, and low vision specialist from non-governmental organizations.

Transit times between USNS COMFORT and the medical sites took up to four hours per day, and lunches primarily consisted of MREs. The days were long and tiring, almost always hot and humid, sometimes rainy. Patients would start lining up just after midnight, sometimes even as early as the day before. And they would wait until morning, when the CP-15 team members would arrive, set up, and begin their day treating patients.

The patients seen ranged from infants in arms to some over 100 years old. Mostly poor, with limited resources, and from a variety of ethnicities and cultural backgrounds, they were kind and always grateful, frequently bestowing blessings on their caregivers.

Vision care was consistently one of the services in highest demand. Even though the optometry team treated almost 1 out of every 5 outpatients served on CP-15, and saw over 2,000 patients in many of the countries visited, demand always exceeded the capacity, and unfortunately not all those seeking care could be treated.

Clinically it was both interesting and challenging for the providers. Patients included those who hadn't been able to read in years, children who couldn't function in school without glasses, and some with serious eye injuries, infections, diabetic eye disease, glaucoma, or cataracts. All too frequently, blind patients seeking help and hope were led in by family members.

In a historic engagement with Cuban medical professionals, CP-15 optometrists took part in a tour and subject matter exchange with their counterparts at a Cuban medical site in Haiti. USNS COMFORT went underway with over 24,000 pairs of pre-made prescription glasses in a variety of powers, over 16,000 pairs of sunglasses, and 20,000 bottles of artificial tears. Early in the mission, after assessing usage and anticipated future needs, additional glasses were purchased which allowed the rest of the mission to proceed with minimal out of stock items. At the completion of the mission, the optometry team provided care to just under 23,000 patients, and distributed 47,000 pairs of glasses and 22,000 bottles of artificial tears. Valuable experience gained will contribute to and enhance future missions.

In this expression of goodwill and global health engagement, many friendships were made with fellow crew members and volunteers, and professional relationships established with host nation vision care providers, military personnel, and translators. For more photos of the eye care team, visit <https://www.facebook.com/navyoptometry>.



MSCs in Focus



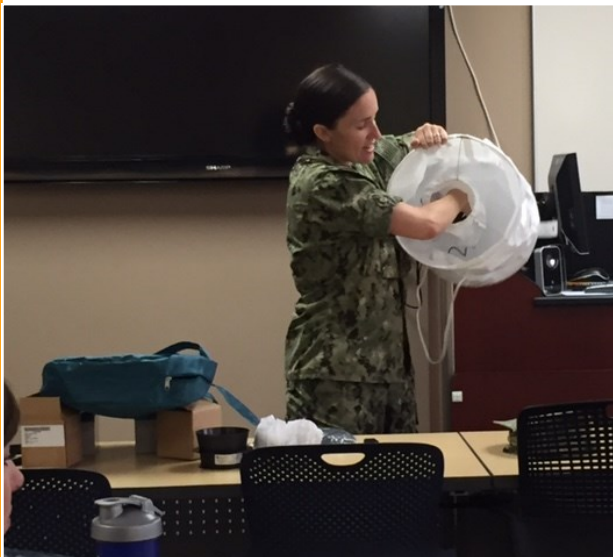
Washington, DC - President Barrack Obama applauds microbiologists for their efforts during the Ebola outbreak. CDR Guillermo Pimentel (top picture, 1st on left) microbiologist and OIC of Naval Medical Research Center mobile labs, provided the first and most robust direct technical support by the Department of Defense to Liberia during the Ebola virus disease (EVD) outbreak in West Africa. Through his important international diplomacy in the Extremely Dangerous Pathogen Laboratory Network (EDPLN) with WHO, he was able to ensure the provision of life-saving, disaster-mitigating EVD diagnostic capability to the international efforts in Monrovia and Bong, Liberia. When later Operation United Assistance (OUA) was established on the ground, CDR Pimentel ensured a seamless transition in support of joint activities on the ground, establishing a sound technical base which OUA was able to exploit in the complicated and essential US and international interagency. Also pictured is LCDR Andrea McCoy, Microbiologist.

MSCs in Focus

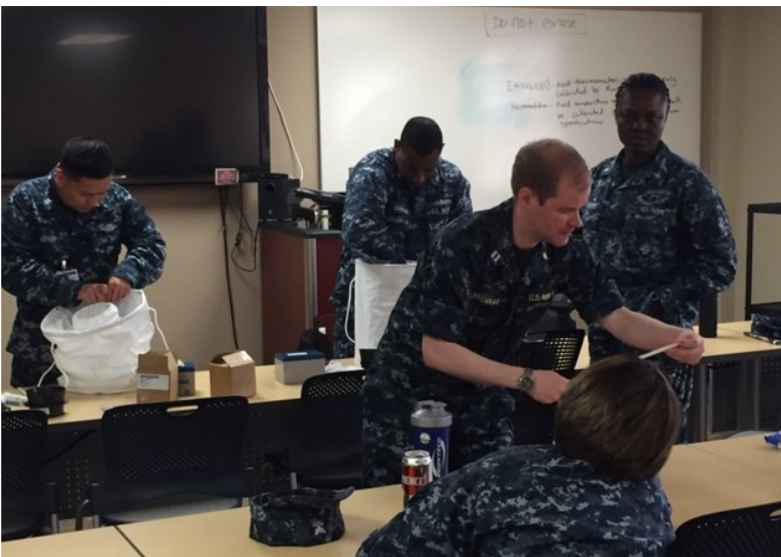


Falls Church, VA - Top photo: RDML (Sel) Anne Swap, MSC Director, addresses the specialty leaders during the Specialty leader (SL) business meeting held 8-10 Feb 2016. Bottom photo: MSC SLs and Assistant SLs, together with RDML (Sel) Swap, pose for a picture following the business meeting.

MSCs in Focus



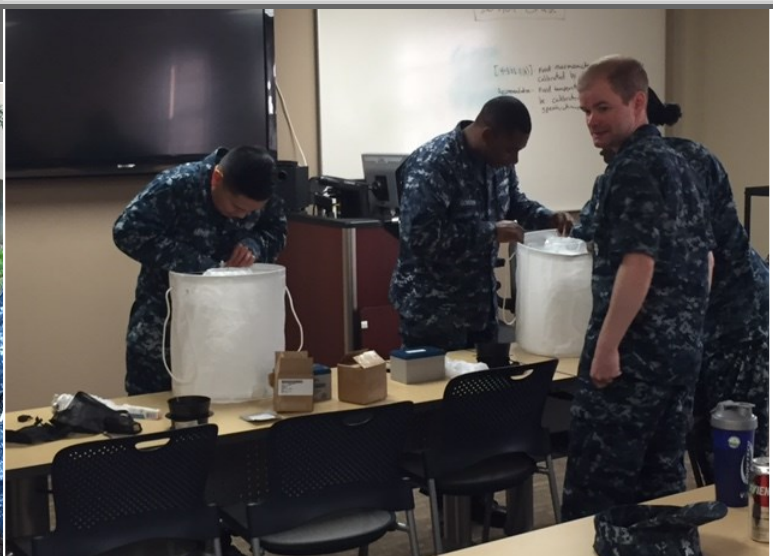
San Diego, CA - LT Jen Knapp, Entomologist at NEPMU-5, demonstrates how to put the BG-Sentinel trap together in NMCS. The training on vector surveillance was specifically intended for trapping the Aedes species of mosquitoes, the carrier of the Zika virus.



San Diego, CA - LT Andrew Brennan, Entomologist at NEPMU-5, shows the different parts and functionalities of the BG-Sentinel trap to the Preventive med technicians (PMT) from NMCS.



San Diego, CA - LT Knapp points out different areas where the PMTs could set the traps.



San Diego, CA - Preventive medicine technicians from NMCS practice in assembling the BG-Sentinel trap.

Education & Training Management
Radiation Health Specialist
Financial Management
Environmental Health
Physician Assistant
Medical Technology
Physical Therapy
Microbiology
Podiatry
Pharmacy
Physiology
Medical Logistics
Operations Analysis
Patient Administration
Plans, Operations & Medical Intelligence
Health Facility Planning and Project Office



Health Care Information Systems
Biochemistry/Toxicology
Occupational Therapy
Manpower/Personnel
Clinical Psychology
Industrial Hygiene
Entomology
Audiology
Dietetics
Optometry
Social Work
Research Psychology
Aerospace Physiology
Health Care Administration
Aerospace Experimental Psychology

MSCs in Focus



Annapolis, MD -The newest NHC Annapolis Lieutenant of 2016! At the stroke of midnight on New Year's Eve, CDR Mike Klemann, DFA, promotes LTJG Pia Francisco, Healthcare Administrator, to Lieutenant.

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Do you have photos, articles, and BZs to share?
Submit them through your chain of command to: MSC Corps Chief's Office



Pensacola, FL - Bottom left picture: CAPT Mike Prevost, Aerospace Physiologist, administers the oath of office to ENS Jules DeGraff, healthcare administrator, during his commissioning ceremony at the National Naval Air Museum. Bottom right picture (L-R): CAPT Mike Prevost, Aerospace Physiologist; ENS Jules DeGraff, Healthcare Administrator; CAPT Matt Hebert, Aerospace Physiologist; and LCDR Joseph Mastrangelo, Healthcare Administrator; celebrate ENS DeGraff's commissioning ceremony on 22 Mar 2016 at the National Naval Air Museum .

MSCs in Focus



Oceanside, CA - Aeromedical personnel help coordinate CASEVAC training in Camp Pendleton. Pictured (L-R): HM2 Mark Skaggs, MAG-39 Aeromedical Safety Corpsman (AMSC); LT Christopher Murr, Aeromedical Safety Officer; and HM2 Jonathan Crocker, MAG-16 Aeromedical Safety Corpsman.



Jacksonville, FL - Aviation Survival Training Center (ASTC) Jacksonville displays its new unit patch. The wall mural was painted by HM1 Aaron Wilt. Pictured (L - R): Aerospace Physiologists LTJG John E. Sweeney III, LT Daniel Logsdon, and the Director, LCDR Marcus Gobrecht.



Arlington, VA - LCDR Leedjia Svec, Research Psychologist, poses with Rear Admiral Mat Winter, Chief of Naval Research (N84), after briefing the ONR Reserve Component on collaboration opportunities with NASA at the annual Winter Program Review, January, 30, 2016 in the ONR headquarters.

Fair winds and Following Seas

Congratulations to LCDR Stephen J. Popielarz, MSC, USN on his Retirement with over 28 years of total Naval Service. Ceremonies were held at NAS Patuxent River, MD on 9 March 2016.

Although originally billeted to PMA-202, LCDR Popielarz was recalled for a special assignment and required to return to Washington, DC shortly after gaining to this Command. The highlight of this assignment was LCDR Popielarz's selection to serve as the Lead Briefer to the Director, National Security Council (Portfolio Specific) to the Executive Office of the President (EOP). As a White House Briefer, LCDR Popielarz was tasked to detail specific issues pertinent to U.S. National Security interests worldwide. For his outstanding performance on this assignment, CAPT Nora A. Burghardt, USN, Commanding Officer, PMA-202 and CAPT Rebecca L. Bates, MSC, USN, BUMED, Aerospace & Operational Physiology Specialty Leader, presented LCDR Popielarz with the Defense Meritorious Service Medal (2nd Award).

LCDR Popielarz was also presented with a Retirement and Career Service Certificate from CDR Leslie A. Kindling, MSC, USN, BUMED, Aerospace & Operational Physiology Assistant Specialty Leader highlighting his 28 years of total Naval Service. These accomplishments include; serving as a Defense Legislative Fellow assigned to a U.S. Sen-

ator and posted as a Personal Representative of the Member (PRM) to the Senate Foreign Relations Committee (*LCDR Popielarz was the 3rd Medical Service Corps Officer in history to ever be selected for this assignment*), selection to the U.S. Ambassador Abroad Program (*Health Sciences*), serving as a Venue Medical Manager at the 1996 Summer Olympic Games in Atlanta, serving at the U.S. Olympic Training Center in Colorado Springs, serving as a Section Medical Manager at the Boston Marathon Finish Line Sports Medicine Tent, and receiving the Distinguished Alumni Award for his service on a Strategic Working Group under the cognizance of the Principal Deputy Assistant Secretary of Defense for Health Affairs, Force Health Protection and Readiness (FHP&R), managing the mild/Traumatic Brain Injury (m/TBI) Program.

In his previous assignment, working in a Command under the cognizance of the Office of the Secretary of Defense, LCDR Popielarz was awarded the Defense Meritorious Service Medal (1st Award) for service as a Liaison Officer interacting with various Congressional Oversight Committees.

As LCDR Popielarz culminates over 28 years of faithful Naval Service, he will be transitioning to Federal Service continuing his work in the National Security/Foreign Policy Arena.//



Patuxent River, MD - LCDR Stephen J. Popielarz (2nd from left), Naval Aerospace and Operational Physiologist (NAOP), retires after 28 years of Naval Service. He was presented with the Defense Meritorious Service Medal (2nd Award) during the ceremony. Also pictured are: CDR Leslie Kindling (left), Assistant NAOP Specialty Leader; LCDR CAPT Rebecca L. Bates, NAOP Specialty Leader; and CDR Jeffrey J. Repass, NAOP and master of ceremonies.

MSCs in Focus



Pensacola, FL— MSC Officers from 13 different specialties participate in a Career Fair sponsored by the Gulf Coast MSC Association. Pictured Front row (L to R): CAPT Frank Pearson, Physical Therapist; LT Saima Raza, Research Psychologist; LT Eric Vorm, Aerospace Experimental Psychologist; LCDR Tatana Olson, Aerospace Experimental Psychologist; LCDR Shani Henry, Healthcare Administrator; LTJG Megan Chattam, Healthcare Administrator; LT Robyn Little, Occupational Therapist; LT Danielle Sterner, Dietitian; LTJG Robert Cardell, Healthcare Administrator. Back row (L to R): CDR John Callahan, Physician Assistant; LT Mindy Paturzzio, Pharmacist; LT Erwin Miles, Aerospace Physiologist; LT William Grisham, Flight Physician Assistant; LT Samuel Weber, Medical Technologist; LT Eric Green, Environmental Health; LCDR Lance Wersland, Comptroller .



Bethesda, MD - COL Matthew St. Laurent, US Army, and the staff in the Occupational Therapy Department at WRNMMC bid "Fair Winds and Following Seas" to CDR Maria Barefield (R, front row), Occupational Therapist, as she transitions to USNH Yokosuka, Japan.

MSCs in Focus



Atlanta, GA - CAPT Matthew Newton (left), Optometry Specialty Leader, and CAPT Kevin McGowan (right), Assistant Specialty Leader, congratulate CDR Eric Barnes for his selection as "Navy Senior Optometrist of the Year for 2015" during the Armed Forces Optometric Society meeting on February 24, 2016.



Oceanside, CA - MSC Officers attend the Expeditionary Medical Facility Training in Camp Pendleton. Pictured (L-R) LT Greg Halol, Health Care Administrator; LCDR Julia Nefczyk, Environmental Health Officer, LTJG Christopher Skirvin, Information Resource Management; LCDR Ramaud Love, Comptroller; and ENS Clara Pangco, Laboratory Officer.



Huntsville, AL - LT Kevin Reid and LT Vivienne Galasso, both HCA/POMI, attend the Joint Medical Planning Tool Training Course in Huntsville, AL on 16 - 19 Nov 2-15 hosted by Teledyne-Brown Engineering and NHRC Medical Modeling, Simulation, & Analysis. Pictured (L-R): Mr. Josh Harper, Programmer; Ms. Sherry Adlich, Lead Instructor; Mr. Johnny Brock, Programmer; LT Vivienne Galasso, LT Kevin Reid, Mr. Vern Wing, NHRC Medical; and, Ms. Rachel Reimers, Software Developer.

MSCs Around the Globe



Top left: USS CARTER HALL (LSD 50) - LTJG Eric Dang, Naval Medical Center Portsmouth Industrial Hygiene Officer, conducts personal breathing zone sampling of crew members aboard USS Carter Hall to evaluate heavy metal exposure. Top right: USS ABRAHAM LINCOLN (CVN 72) - LTJG Eric Dang conducts quality assurance testing of Grade D breathing air for personnel of USS Abraham Lincoln who are attached to the Light Industrial Facility in Newport News, Va. This process is designed to prevent personnel exposure to airborne contaminants. (Photographer - Joseph Nicastro)



Bottom left: USS Harry S. Truman (CVN 75) - LT Nwosu Ugochukwu (speaking at the podium), Assistant Safety Officer and Industrial Hygiene Officer, participates in the Black History Month celebration on the Focsl of the USS HARRY S. TRUMAN (CVN 75). Bottom right: LT Ugochukwu observes the polyurethane spray painting operations in the hangar bay of CVN 75.

MSCs Around the Globe



Cambodia - Microbiologists, LCDR Jamal Deجلي and LT Christina Farris participate in the inauguration ceremony of the Kampong Cham Hospital Laboratory in Cambodia as part of the Naval Medical Research Unit #2 Global Health Engagements in Asia.



Okinawa, Japan - LT Michael Kantar, Dietitian, prepares for the show with MCCS Community Connections host Kathy Millette and MCCS Health Promotions Wellness Educator Lydia Dahl. March is National Nutrition Month, an annual public education campaign created and sponsored by the Academy of Nutrition and Dietetics. This year's theme is "Savor the Flavor of Eating Right" and U.S. Naval Hospital Okinawa Japan's Clinical Dietitian LT Kantar is out spreading the word. He recently paid a visit to the MCCS Television studios where he made an appearance on the Community Connections talk show to discuss nutrition and healthy eating. He also shared some healthy recipes. U.S. Navy photo by Joe Andes, U.S. Naval Hospital Okinawa, Japan Public Affairs Officer)



Suva, Fiji - Entomologists, LT Matthew J. Montgomery of the Navy Entomology Center of Excellence and LT James Harwood of NEPMU-6 provide crisis response training to the Fijian Ministry of Health. The team were in Fiji to oversee a course on pesticide application and safety, but in the wake of Tropical Cyclone Winston, the program shifted to crisis response training. Bottom left: LT Montgomery and LT Harwood conduct sampling for mosquito larvae. Bottom right: The team teaches GIS software applications to the Fijian staff.

MSCs Around the Globe

Biosafety and Biosecurity: Planning for National Protection course in Beirut, Lebanon

The Defense Institute for Medical Operations (DIMO) is a dual-service agency comprised of Air Force and Navy personal that strives to provide effective courses and training exercises that help move to advance Global Health engagement initiatives in the right direction. DIMO recently sent one of their deployed a Mobile Education Teams (MET) to Beirut, Lebanon to work with conduct training in biosecurity and biosafety procedures for Lebanese Armed Forces (LAF) hospital personnel in October, of 2015. The course faculty MET consisted of a three man person team, including an infectious disease specialist physician, a clinical microbiologist, and an active duty Navy microbiologist and two lab officers. They administrated the Training was a week long course that provided instruction and classroom practicums to forty-two participants who consisted of were largely of LAF laboratory staff and supervisors.

During a laboratory tour of the LAF central military hospital, they encountered a 2011 graduate from the DIMO Laboratory Biosafety and Biosecurity resident course in San Antonio, Texas and who has since gone on to become the Director of the Central Military Hospital Laboratory-- a true testament to how effective lasting impact of the DIMOs courses can be. DIMO concluded their training with a classroom exercises that provide real world scenarios for addressing successful feeling about the impact they had on the Biosecurity- and Biosafety biosafety-related dilemmas that could possibly affect within the Lebanese Armed Forces. The benefit and success of the DIMO training was expressed by many of the participating LAF members and is anticipated to have a lasting impact on professional development and future healthcare collaborations.



Mobile Education Team (MET): Dr. Matthew Dolan, MET Team Leader, DIMO; LT Nate Nathanael Reynolds, Laboratory Officer, NAMRU-6; Mr. William Barnes, Clinical Laboratory Manager, Eglin AFB.

Do you have photos, articles, and BZs to share?

Submit them through your chain of command to: [MSC Corps Chief's Office](#)

U.S. Navy Medical Service Corps

**Medical Service Corps
Director,
RDML (Sel) Anne M. Swap, MSC, USN**

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The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Health Care Administrators, Clinical Care Specialties, and Health Care Scientists. There are over 3,000 active and reserve MSC officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

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